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TO: Economic Support Supervisors
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W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers

FROM: Amy Mendel-Clemens
Communications Section
Bureau of Health Care Eligibility
Division of Health Care Financing

BHCE/BWP OPERATIONS MEMO

No: 04- 66

DATE: 12/22/2004

FS	<input checked="" type="checkbox"/>	MA	<input checked="" type="checkbox"/>	SC	<input type="checkbox"/>
CTS	<input type="checkbox"/>	CC	<input checked="" type="checkbox"/>	W-2	<input checked="" type="checkbox"/>
FSET	<input type="checkbox"/>	EA	<input type="checkbox"/>	CF	<input type="checkbox"/>
JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>	RAP	<input type="checkbox"/>
WIA	<input type="checkbox"/>	WtW	<input type="checkbox"/>		
Other EP	<input type="checkbox"/>	★			

PRIORITY: HIGH

SUBJECT: Changes to the Employer Verification of Earnings and Health Insurance Forms

CROSS REFERENCE: Operations Memo 04-22

EFFECTIVE DATE: January 7, 2005

PURPOSE

This memo describes changes that have been made to the Employer Verification of Earnings and Health Insurance Forms.

BACKGROUND

In May 2004, the automated Employer Verification (EV) process for verifying employment and health insurance was implemented. The appropriate form is generated and mailed to the applicant/recipient when:

- A New Hire Auto Update occurs, or
- The eligibility worker triggers the form from the AGEV screen, or
- The BadgerCare earnings verification or access to health insurance conditions occur.

Our research shows that a significant number of BadgerCare cases have been closing due to the lack of employer verification. Local agencies have also reported that employers seem to be confused by the questions because they are not answering them correctly. We sought and have received feedback from employers and local agency staff for changes to the forms that improve the process and ensure that customers are more likely to return the form successfully and timely.

POLICY

EMPLOYER VERIFICATION OF HEALTH INSURANCE FORM

The following changes have been made to the Employer Verification of Health Insurance (EVF-H) form:

1. Instructions have been added to the back of the form.
2. The return date on the top of the form is highlighted.
3. The wording in the note to the employer is changed to include the line "Please complete and return to the employee as soon as possible so s/he can return it by the date above."
4. The question about whether or not the employee was insured under a state funded insurance plan has been removed. Although the question has been removed from the form, it will continue to appear on CARES screen AFAC with a field default value of <N>. The worker must still ask the question and enter the answer.
5. The Form indicator in the "For Office Use Only" section at the bottom of the form has been changed. Due to the scanning process (and placement of the data on the form), the above changes require a version designation. The version designation will appear as "H1" for the prior version and "H2" for the new version.

EMPLOYER VERIFICATION OF EARNINGS FORM

The following changes have been made to the Employer Verification of Earnings (EVF-E) form:

1. Instructions have been added to the back of the form.
2. The return date on the top of the form is highlighted.
3. The wording in the note to the employer is changed to include the line "Please complete and return to the employee as soon as possible so s/he can return it by the date above."
4. The headers in the wage information section have been highlighted with a mixture of bolding and capitalization.
5. The header in the wage information section for "Gross Pay Per PAY PERIOD" has been moved down and a note added that the column is required only if pay type is salary, bonus and commissions or cash tips.
6. The order of the questions in the wage information section has been changed. The way employers were attempting to answer the questions indicated we were asking them in the wrong order. We now ask the questions in this order:
 - a) Type of pay
 - b) Average hours per week
 - c) Rate of pay per hour
 - d) Gross pay per pay period
 - e) Frequency of pay.

NOTE ➤ We are now asking for work hours per week not per pay period.

7. The form indicator in the "For Office Use Only" section at the bottom of the form has been changed. Due to the scanning process (and placement of the data on the form), the above changes require a version designation. The version designation will appear as "E1" for the prior version and "E2" for the new version.

FORM VERSIONS

As mentioned above, the changes made to the forms require a version designation. The version number will be important when researching an exception. The new version of the EVF-E (E2) asks for the "Average hours per WEEK" not per pay period.

CARES CHANGES

INWG

CARES In-Box screen INWG will continue to reflect and display AVG HRS/PPD (hours per pay period) because INWG has not been changed. CARES will take the hours entered per WEEK from the EVF-E and convert it to a per pay period number and display that amount in the AVG HRS/PPD field on INWG.

INEI

CARES In-Box screen INEI has been changed to display the version number of the EVF-E or H forms. The field entries will display either <01> or <02>. No other changes have been made to this screen. All existing EVF-E/H will be defaulted to <01>.

INEI		EMPLOYER VERIFICATION		12/03/04 09:01	
CASE: 0000000000		WORKER: XCTG04		XCTG04 P KIERN	
LAST UPDATED: 08 03 04		CASE STATUS: OPEN		CASE MODE: ONGOING	
NUM: 01	NAME: TREVOR	N VANDET	SSN: 333 33 3333		
SEQ NUM: 004 EMPLOYER NAME: LMC		FEIN:			
VERIFICATION FOR (E-EMP/H-INS/B-BOTH): E				CREATED BY: XCTG04	
WAGE FORM VERSION NUM: 01		INS FORM VERSION NUM: 01			
WAGE FORM TRIGGERED DATE: 08 02 04		INS FORM TRIGGERED DATE: ___ ___ ___			
WAGE VERIFICATION DUE DATE: 08 15 04		INS VERIFICATION DUE DATE: ___ ___ ___			
WAGE VERF RECEIVED DATE: 08 03 04		INS VERF RECEIVED DATE: ___ ___ ___			
WAGE INFO AUTO-POPULATED: E		INS INFO AUTO-POPULATED:			
WAGE EXCEPTIONS: MORE THAN TWO PAYMENT TYPES ARE INDICATED					
WAGE DETAILS FOUND ON AFDE					
INS EXCEPTIONS:					
PF20-INWG PF21-INAC					
NEXT TRAN: _____ PARMS: 0000020877_____					

ATTACHMENTS

- Employer Verification of Earnings form with changes
- Employer Verification of Earnings form Instructions
- Employer Verification of Health Insurance form with changes
- Employer Verification of Health Insurance form Instructions

CONTACTS

BHCE CARES Information & Problem Resolution Center

★Program Categories – FS – FoodShare, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.
DHFS/DHCF/BEM/AM